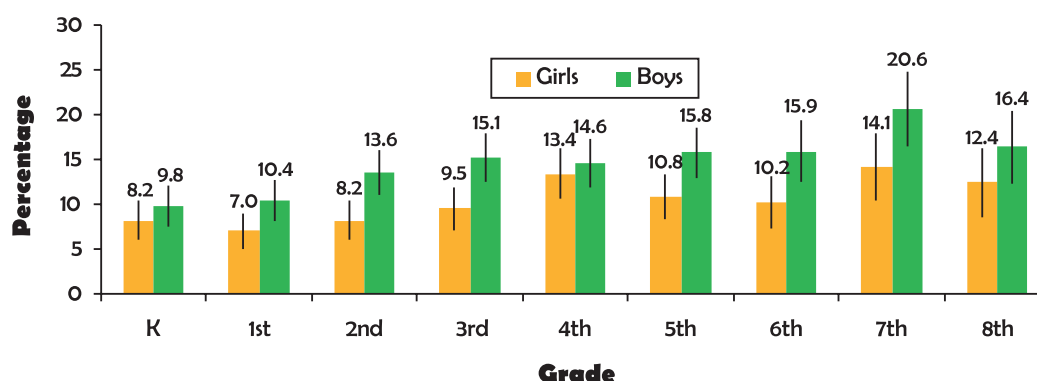


# introduction

## Why do we need a Blueprint?

Millions of young Americans are at risk of living shorter, less healthy lives than their parents. Both childhood (including youth) overweight and adult obesity have increased over the past several decades, resulting in substantial health problems and costs that have been well documented. Health care professionals, parents, children's advocates, business owners, health insurance companies, and policy makers in the public and private sectors are expressing growing concern about obesity, particularly childhood overweight, and its impact on health, health care costs, and quality of life.

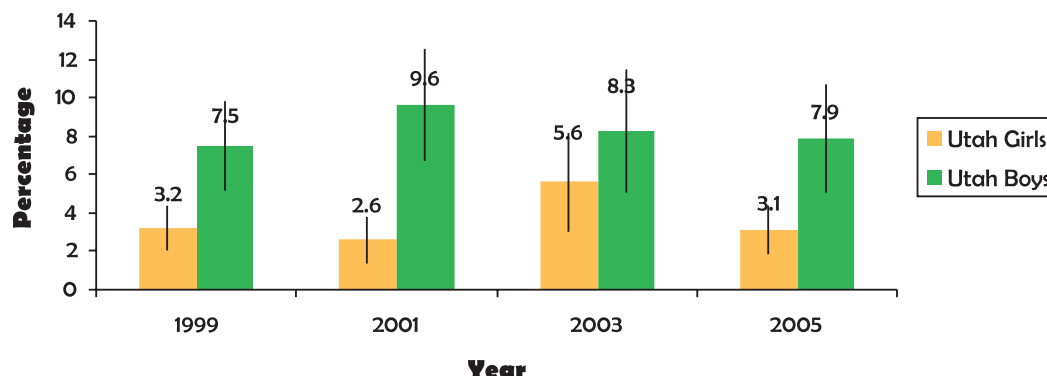
**Figure 1.** Percentage of Utah Children Who Were Overweight\* by Grade and Gender, Utah 2002



Source: Utah Department of Health, Bureau of Health Promotion, Heart Disease and Stroke Prevention Program. (2002) Height/Weight Measurement.

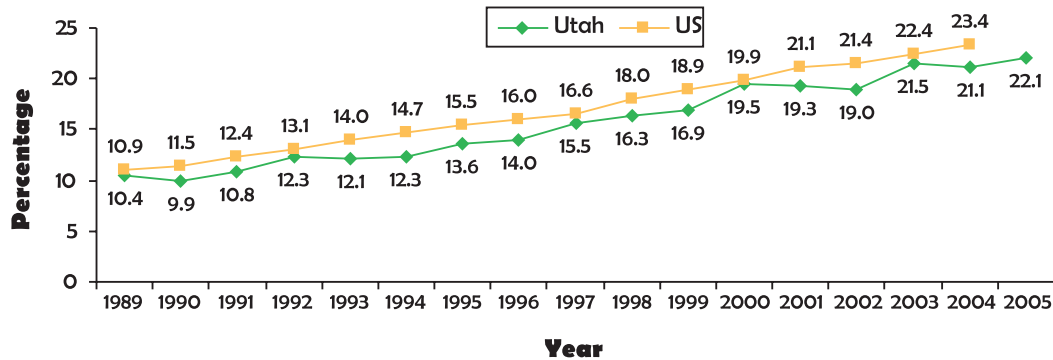
Overweight is defined as  $\geq$  the gender- and age-specific 95th percentile of BMI based on the revised Centers for Disease Control and Prevention Growth Charts for the U.S.

**Figure 2.** Percentage of High School Students Who Were Overweight by Gender, Utah 1999, 2001, 2003, and 2005



Source: YRBS 1999, 2001, 2003, and 2005.

Overweight is defined as  $\geq$  the gender- and age-specific 95th percentile of BMI based on the revised Centers for Disease Control Growth Charts for the U.S., and at risk of becoming overweight is defined  $\geq$  85th percentile and  $<$  95th percentile for BMI by age and sex based on the same growth charts.

**Figure 3.****Percentage of Obese Adults, Utah and US 1989-2005**

Source: BRFSS 1989 to 2005; Age-adjusted to 2000 population.  
Obese is defined as a BMI of  $\geq 30$ .

The reasons for the increase in overweight and obesity are complex. Research results published in the past few years point to some key factors that, in combination, have contributed over the past three decades to the obesity epidemic, including:

- increase in soft drink consumption;
- increase in food and beverage portion sizes;
- increase in daily screen time (television, computers, video games);
- decrease in breast feeding duration; and
- decrease in recommended physical activity.

All of these factors are related to individual behavior. However, social and environmental changes have also occurred that have led to decreased physical activity and increased food consumption, including:

- increased number of neighborhoods without sidewalks;
- increased number of neighborhoods that are perceived as unsafe;
- increased time spent in automobiles;
- increased marketing of high-calorie and low-nutrient foods and beverages;
- increased availability of soft drinks and high calorie snacks and foods in schools, workplaces, and homes;
- decreased time in school for physical education, nutrition education, and physical activity; and
- decrease in meals prepared and eaten at home.

The Utah Department of Health published *Tipping the Scales Toward a Healthier Population - A Report on Obesity and Overweight in Utah* in August, 2005. You are invited to read that report for detailed information about the obesity epidemic in Utah, including weight trends in children, youth, and adult, physical activity and nutrition data, and environmental influences. The report can be found at <http://health.utah.gov/obesity>.